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REVIEW OF SERVICES FOR VICTIMS OF CHILD SEXUAL ABUSE IN GREATER EDMONTON

July 26, 1984
Edmonton Region
Alberta Social Services and
Community Health

EXECUTIVE SUMMARY

This study has been done by the Edmonton Region of Alberta Social Services and Community Health, through the Edmonton Region Task Force on Sexual Abuse Treatment for Children. The three objectives of the study were: 1) to examine the current system of services for cases of child sexual abuse; 2) to identify major problems, shortfalls, and strengths in this system; and 3) to make recommendations on ways to ensure the best quality service feasible for child sexual abuse victims and their families in the Edmonton City area.

The study was designed with five components: 1) a literature review; 2) a survey of selected district office social workers; 3) a survey of "key participants" in child sexual abuse cases; 4) a survey of major treatment agencies; and 5) a file audit and peer review of treatment agencies funded by the Edmonton Region.

Child sexual abuse can be defined as the exposure of the child to sexual stimulation inappropriate to the child's age, level of psychosexual development and role in the family. It can range from exposure to fondling to incest. It has been recognized as a serious and widespread problem only recently. Research indicates that about 1 in 4 females and 1 in 10 males are sexually abused by age eighteen. Most abuse occurs within the family.

The greatest damage of child sexual abuse stems from its long-term emotional and psychological effects. Victims often develop

low self-esteem, guilt, depression and distruct, and very high percentages of teenage alcoholics, drug addicts and prostitutes have been found to be child sexual abuse victims. Some evidence indicates that at least 25% of girls who are sexually abused within their families have serious long-term problems of adjustment.

Informal estimates from within the Edmonton Region reveal the extent of the problem. For example, as many as 75-80% of the girls at the Youth Development Centre are victims of sexual abuse. It is very likely that a sizeable proportion of children under Child Welfare have been sexually abused.

In recent years advances have been made in treatment. For abuse within the family success rates are very high if proper treatment is provided. The nature of treatment requires close cooperation and coordination of many services, including social workers, police, treatment agencies and the court system. The major treatment agencies in Edmonton are the Child Sexual Abuse Treatment Program of the Sexual Assault Centre, the Child Development Centre, Group 5 Youth Counselling Centre, and the Forensic Assessment and Community Services of Alberta Hospital Edmonton.

The review found several major problems with the delivery of child sexual abuse services in greater Edmonton. 1) Neither ASSCH nor the Edmonton Region have established policies or

philosophies on the specific approach to cases of child sexual abuse, so their desired approach is not clear to staff or the community. 2) There is no established protocol for workers to follow in these cases, so case management is not consistent. 3) Child sexual abuse is a complex multi-disciplinary problem and there are not adequate resources for workers to draw upon in managing these cases. 4) The coordination among the various organizations that is essential to good case management is very weak. 5) There is no identifiable mechanism in the Region to create and implement philosophy and protocol, and to coordinate the Region's efforts on child sexual abuse. 6) Regional staff need more training on this issue. 7) The Region in particular and ASSCH in general need better information and research on matters related to child sexual abuse within Edmonton and Alberta.

The study makes the following recommendations to address the problem.

RECOMMENDATION #1: THAT THE EDMONTON REGION FORMALLY DEVELOP A PHILOSOPHY STATEMENT ON ITS APPROACH AND ROLE IN CHILD SEXUAL ABUSE CASES, AND THAT IT ENDORSE THE FAMILY SYSTEMS APPROACH FOR CASES OF ABUSE WITHIN THE FAMILY.

RECOMMENDATION #2: THAT THE EDMONTON REGION DEVELOP A PROTOCOL FOR USE BY ITS STAFF DEALING WITH CASES OF CHILD SEXUAL ABUSE.

RECOMMENDATION #3: THAT MULTI-DISCIPLINARY TEAMS BE ESTABLISHED IN SELECTED DISTRICT OFFICES THROUGHOUT THE EDMONTON REGION TO PROVIDE EXPERTISE AND ASSISTANCE TO STAFF HANDLING CHILD SEXUAL ABUSE CASES, AND THAT THE CHILD ABUSE AND NEGLECT TEAM OPERATING AT THE HYS CENTRE DISTRICT OFFICE BE CONSIDERED AS THE MODEL.

RECOMMENDATION #4: THAT THE REGION ESTABLISH AN INTER-AGENCY CHILD SEXUAL ABUSE COMMITTEE FOR GREATER EDMONTON TO DEVELOP LIAISON PROTOCOLS AND IMPROVE COORDINATION AMONG AGENCIES.

RECOMMENDATION #5: THAT THE REGION REQUEST THE MINISTER OF SOCIAL SERVICES AND COMMUNITY HEALTH TO FORM AN INTER-DEPARTMENTAL TASK FORCE TO COORDINATE THE MANDATES AND ACTIVITIES OF THE DEPARTMENTS INVOLVED IN CHILD SEXUAL ABUSE CASES, INCLUDING THE SOLICITOR GENERAL, THE ATTORNEY GENERAL, HOSPITALS AND MEDICAL CARE, AND PERHAPS EDUCATION.

RECOMMENDATION #6: THAT THE REGION DESIGNATE A POSITION RESPONSIBLE FOR COORDINATING THE REGION'S EFFORTS ON CHILD SEXUAL ABUSE, DEVELOPING PHILOSOPHIES, POLICIES, AND PROTOCOLS, CHAIRING THE PROPOSED INTER-AGENCY CHILD SEXUAL ABUSE COMMITTEE, AND PROVIDING OTHER SERVICES AS NECESSARY.

RECOMMENDATION #7: THAT THE REGION PROVIDE ONGOING INSERVICE TRAINING ON CHILD SEXUAL ABUSE TO ALL CHILD WELFARE STAFF, AND TO RESIDENTIAL RESOURCES AND OTHER STAFF AS NECESSARY.

RECOMMENDATION #8: THAT THE REGION IMPROVE PLACEMENT RESOURCES FOR SEXUALLY ABUSED CHILDREN, INCLUDING PROVIDING TRAINING TO INSTITUTIONAL STAFF AND SELECTED FOSTER PARENTS.

RECOMMENDATION #9: THAT THE REGION ENDORSE AND FACILITATE RESEARCH INTO ISSUES AND PROBLEMS RELATED TO CHILD SEXUAL ABUSE.

RECOMMENDATION #10:

10.1 THAT, DEPENDENT UPON THE IMPLEMENTATION OR RECOMMENDATIONS #1,2,4, AND 6, PRESENT FUNDING WITH AGENCIES PRIMARILY PROVIDING TREATMENT FOR INTRA-FAMILIAL CHILD SEXUAL ABUSE TERMINATE AT THE END OF THE PRESENT FISCAL YEAR.

10.2 THAT PROPOSALS (TENDERS) BE REQUESTED FOR FUNDING TO PROVIDE INTRA-FAMILIAL CHILD SEXUAL ABUSE TREATMENT IN 1985/86, AND THAT FUNDING BE ADMINISTERED THROUGH A CONTRACT.

10.3 THAT FUNDING FOR INTRA-FAMILIAL CHILD SEXUAL ABUSE TREATMENT BE CONTINGENT UPON THE RECIPIENT'S ABILITY TO PROVIDE A COORDINATED FAMILY SYSTEM APPROACH TO TREATMENT.

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A. INTRODUCTION

During the 1983/84 fiscal year the Consultation Unit responsible for sexual abuse treatment programs for children became increasingly concerned about the effectiveness of these programs. Meetings were held with district office, mental health, and program and placement committee representatives to discuss these concerns. As a direct result of those meetings, the Edmonton Region Task Force on Sexual Abuse Treatment for Children was struck in December 1983 under the chairmanship of Jacqueline Hayden, A/Manager of Consultation Services. The purpose of the task force was to review existing services and to formulate recommendations for an improved service delivery system. In March, 1984, the Edmonton Region Research consultant, Kevin Taft, was recruited to help with the project.

During this same time period a number of factors emphasized the need for a thorough examination of present services for sexual abuse treatment. These factors included increased public interest, the inability of social workers to make appropriate referrals and to ensure adequate treatment, demands for an increase in services due to an extraordinary rise in reported cases of abuse and the development of waiting lists for treatment.

In recent years there have been major advances in research and the development of treatment models in the child sexual abuse field. Our increasing understanding of appropriate treatment

models has raised concerns about the coordination, mandates and working relationships of the many organizations involved in the Edmonton City area.

This report on Child Sexual Abuse Treatment addresses these concerns. An overview of the problem of child sexual abuse is presented, and treatment is briefly discussed. The examination of present treatment services, identified problems and recommendations for improved service delivery make up the bulk of the report. It must be noted that this review did not examine services for child sexual abuse cases outside the greater Edmonton area because of limits on time. We particularly regret not seeing the services in Hinton, which have quickly developed a very good reputation.

The authors wish to acknowledge the tremendous assistance and support received from the Task Force Members - Paul Fritz, Sharon Wurmann, Doug Egan, Kit Gillies, Ed Ellick and Brian McNicoll.

A major contribution was made by the Audit Team who conducted the difficult Funded Agency Review with the highest degree of professionalism and sensitivity. This team was able, magically, to meet the impossible time lines set by the task force while remaining flexible and responsive to the requests of the funded agencies. Our sincere gratitude to Michael Provencher, Carolyn Anderson and Sharon Whitworth.

The study could not have been completed without the assistance of Shirley Philippe, Mark Fedorak, Linda Roy and Cindy Maloney whose contributions are gratefully acknowledged.

- Kevin Taft, Jacqueline Hayden
June 15, 1984

B. THE STUDY DESIGN

1. The Purposes of the Study

The overiding purpose of the study is to evaluate present service delivery and to outline directions for future delivery. The study has three specific objectives:

1) to examine the current system of services for cases of child sexual abuse.

2) to identify major problems, shortfalls, and strengths in this system.

3) to make recommendations on ways to ensure the best quality service feasible for child sexual abuse victims and their families in the Edmonton City area.

2. The Methodology

The study was designed to meet the following needs: the need to examine thoroughly the roles and responsibilities of the staff and funded agencies of ASSCH in greater Edmonton, and to take a comprehensive view of many of the people and organizations involved in child sexual abuse cases who are not part of ASSCH; the need to respect the concerns and anxieties of people who may be directly affected by the outcome of the study; and finally, the need to be credible and accurate, and to meet very tight timelines.

There were five basic components to the study:

a) A Literature Review. The literature and research on child sexual abuse has mushroomed in recent years. A review of some of the major and minor works was done to provide a frame of reference about the subject and to identify notable trends, issues, and treatment approaches.

b) A Survey of District Office Social Workers. Child Welfare workers in district offices manage the bulk of the child sexual abuse cases that come to the attention of the Edmonton Region. The District Office staff investigate cases, work closely with Police, make recommendations on status, appear in court, and attempt to coordinate treatment services. From these workers came many of the original concerns of the Task Force. To collect information from them an extensive questionnaire was developed. This was administered to one representative from each of fourteen child welfare units in Edmonton, St. Albert, Sherwood Park and Spruce Grove. The individual workers were chosen for their experience with child sexual abuse cases. The questionnaire was administered in a confidential face-to-face interview which typically lasted about two hours.

c) A Survey of "Key Participants". In addition to the District Office workers a great number of people and organizations can become involved in child sexual abuse cases. The successful management of child sexual abuse cases requires that these key participants work effectively with one another and with the social worker. For this reason the views of these participants was sought. As well, most of these people provided an independent view of the services provided by the Edmonton Region and its funded agencies. Members of the following organizations were interviewed: the Child Abuse Unit, City of Edmonton Police; the Sherwood Park and St. Albert RCMP detachments; the social services departments of the Edmonton General Hospital and the Royal Alexandra Hospital; the University of Alberta Hospital Pediatric Clinic; the Attorney General's Department; the Youth Development Centre; the Edmonton Region Child Welfare Consultation Unit; the Edmonton Public and Edmonton Separate School Districts; Alberta Mental Health Services; and the Edmonton Committee on Child Abuse and Neglect. A total of nineteen people were interviewed in person. The interviewers used a survey with open-ended questions.

d) A Survey of Major Treatment Agencies. There are 4 major agencies in Edmonton providing treatment for child sexual abuse victims, their families, and the perpetrators. These are the Child Development Centre, Group-5 Counselling Centre, the Sexual Assault Centre's Child Sexual Abuse Treatment Program, and the Forensic Assessment and Community Services. The first three of these are independent agencies receiving funding from ASSCH through the Edmonton Region, while the last is a program of Alberta Hospital Edmonton. All of these agencies were surveyed to collect information, and to record their views, concerns, and suggestions. The interviews typically lasted about three hours, and were wide-ranging and candid.

e) A File Audit and Peer Review of Treatment Agencies Funded by the Edmonton Region. To complement the literature review and the surveys, and to provide a professional quality assessment of the agencies funded by the Edmonton Region, an audit was included in the study. The agencies audited were the Child Development Centre, Group-5 Counselling Centre, and the Child Sexual Abuse Treatment Program of the Sexual Assault Centre. The three-member audit team was deliberately kept independent of the Task Force, and its members were chosen to provide different views and perspectives.

The terms of reference of the audit were set by the Task Force after negotiating with the auditors. The auditors reviewed agency contracts and proposals, and set specific criteria for the audit. They then met with each of the three agencies to review the proposed audit process and criteria and, where necessary, make revisisions. This was followed several days later with a detailed review of cases of ASSCH clients selected by therapists, and an interview with each therapist to discuss the specific case and general treatment. At the conclusion of each agency audit, the agency Directors were interviewed regarding agency issues. Additional material prepared by the agencies, including service delivery statistics, was reviewed.

The audit team compiled their data, and returned to each agency a third time to share these findings. Recommendations were developed in collaboration with each Agency Director, and the final report was submitted to the Task Force.

The results of the literature review, the three surveys and the file audit and peer review have been compiled into the findings of this report, and serve as the basis of its recommendations.

C. BACKGROUND

1. The Problem of Child Sexual Abuse

For the purposes of this study, child sexual abuse has been defined as the exposure of the child to sexual stimulation inappropriate to the child's age, level of psychosexual development and role in the family (Luther and Price, 1980). This could include actions which range from exposure to fondling to incest. The sexual abuse of a child may involve a single incident or a pattern prolonged over many years. In the great majority of cases (about 75%) the perpetrator is someone known to the child, and most frequently the perpetrator is the child's stepfather or father.

Only recently has child sexual abuse been acknowledged as a serious and widespread problem. Among researchers and professionals working in the area it is widely felt that about 1 in 4 females and 1 in 10 males will be sexually abused by the age of eighteen. The effect the abuse has on the child depends on many things. Generally, the damage of the abuse increases with the duration of the abusing relationship, the degree of abuse, and the closeness of the relationship or bond between the victim and perpetrator.

The greatest damage of child sexual abuse stems from its long-term emotional and psychological effects. The victim often develops low self-esteem, guilt, depression and distrust, and

will search in inappropriate ways for nurturing and belonging (James and Meyerding, 1977). Bagley (1983) estimates "both from research reports and clinical practise that at least 25% of girls who are sexually abused within their families have serious long-term problems of adjustment, while a further 25% have chronic personality problems". The problem can be inter-generational: a victim of child sexual abuse will often abuse or neglect his/her own children (Justice and Justice, 1979; Saylor 1981).

Victims may cope with their problems by acting out in delinquent behaviour (Burgess et al, 1978). Studies conducted on child alcoholics, drug addicts, prostitutes and other delinquents indicate a link between these problems and child sexual abuse (Burgess et al, 1978; Shilts, 1977). For example, a drug treatment centre in New York found that 44% of female drug-abuse clients had experienced incest as children, and it has been found that as many as 70% of youth drug addicts were sexually abused as children (Shilts, 1977). A study on Milwaukee teenage alcoholics revealed that 70% were sexually abused by family members. Several other studies have found that up to 75% of adolescent prostitutes are incest victims (Shilts, 1977).

The strong correlation between child sexual abuse and delinquent behaviours can readily be found in the Edmonton Region. A study done in Edmonton in 1980 reported that out of 25 juvenile prostitutes, 23 were victims of some form of sexual abuse, and more specifically 16 out of 17 females were victims of incest (Griffin and Martin, 1980). As many as 75-80% of the girls at

the Youth Development Centre are victims of sexual abuse. The Edmonton Runaway Project (now replaced by Group-5 Counselling) was originally established to serve runaway children, but began treating sexual abuse victims when it became apparent that this was the reason for many of the runaways.

The treatment of victims, perpetrators, and families must be based on the nature and circumstances of the abuse. In some cases normalizing the victim is very difficult, and certain kinds of perpetrators seldom respond to treatment. Nevertheless, advances have been made in recent years, particularly with intra-familial abuse (the most common form) and success rates are very high. Treatment focuses on reconstructing the incestuous family on a healthy non-exploitative basis. The pioneer in the field is Henry Giaretto, who developed the Child Sexual Abuse Treatment Program in Santa Clara County, California. The desired course of treatment for an incestuous family is generally as follows:

- protect the child, remove the offender from access to the child; try to have the offender confess; lay charges and require the offender to get treatment.
- provide individual counselling with the victim, the offender, the mother, and if necessary siblings.
- at the appropriate stage, provide counselling in dyads (e.g.

mother-daughter, mother-father).

- then provide family counselling and group counselling (e.g., groups of victims, groups of offenders, groups of mothers).

Through this process, which may take from one to two years, the family can often be reconstructed on a healthy foundation.

2. Services for Child Sexual Abuse Cases in Edmonton

The services for child sexual abuse cases in Edmonton have evolved as awareness, demands and funds have dictated. There has been a lack of coherent planning. Individual services are governed by different perspectives, jurisdictions, structures, funding, policies, and lines of accountability. The cooperation and coordination between the service programs tends to be inconsistent and informal.

Different services tend to become involved at different stages of a case. The initial report may be made by a teacher, physician, social worker, hospital, or friend, and may be received by Child Welfare, the police, or a treatment agency. A child welfare worker must investigate under the Child Welfare Act, and the police must investigate under the Criminal Code of Canada. If there is evidence of abuse the child welfare worker may determine that treatment is needed. An adolescent victim may be sent to Group-5 Counselling, a pre-adolescent victim to the Child Development Centre, and the mother to the Sexual Assault Centre.

The offender may be referred to F.A.C.S., but is unlikely to complete treatment unless charges are successfully laid and attendance is part of sentencing. The case will be prepared for family court by a department lawyer, and be decided by a family court judge. If the police lay charges the case will also go to criminal court, where it will be presented by a crown prosecutor and be decided by a criminal court judge. There is no overall system or protocol for working through this process.

The most important organizations involved with child sexual abuse cases in Edmonton are the following:

a) ASSCH District Office Workers

The district office social workers are responsible for initial intake and investigation and for the management of child sexual abuse cases.

b) Child Development Centre

The Child Development Centre is a private, non-profit clinic, established in 1972 to provide multi-disciplinary services to children from birth to eighteen years of age with learning disabilities, emotional or behavioural problems, and developmental delay. The Centre provides intellectual, academic, emotional and developmental

assessments to Department clients, as well as consultation and treatment. In 1983, 25-30% of the cases referred by Child Welfare involved sexual mistreatment or abuse. The Child Development Centre was granted $205,090 in 1984/85. Approximately 25-30% of these funds will cover treatment for child sexual abuse.

c) Child Sexual Abuse Treatment Program (Sexual Assault Centre of Edmonton)

The Child Sexual Abuse Treatment Program has been in existence since June of 1981 and operates under the auspices of the Sexual Assault Centre. The Child Sexual Abuse Treatment Program is wholly funded by the Department ($156,200 in 1984/85) whereas the Sexual Assault Centre is supported by United Way and operates through the efforts of volunteers. The Program is able to provide immediate crisis intervention to all family members where sexual abuse has occurred. It provides dyadic, group, family, marital and play therapy, as well as assessments, follow-up, and long-term support. The Program also carries out public education on child sexual abuse.

d) Group 5 Youth Counselling Centre

Group 5 Youth Counselling Centre is a recent (November 1983) reconstitution of "Project Runaway", which was also a youth counselling agency funded by the Department. That agency began by providing support to youth who were in need as a result of having left their families. Over time, it emerged that sexual abuse was often the underlying cause of having run away, and the agency began to orient its services towards the treatment of child sexual abuse. Group 5 provides individual and group counselling to sexually abused youth (9 -16 years) and their families. They are receiving $157,215 in 1984/85, primarily for use in this area.

e) Forensic Assessment and Community Services

F.A.C.S. is a program of Alberta Hospital Edmonton with an office in downtown Edmonton. It runs eight clinical programs, one of which is for incest offenders. It is the only program for incest offenders in northern Alberta. It has been running two groups for offenders, but because of staff changes this will be reduced to one. As well as therapy, F.A.C.S. offers some professional education. It received no ASSCH funding.

f) Police Department

The police investigate the alleged abuse with the view to pressing charges under the Criminal Code of Canada. In the City of Edmonton Police Department there are 2 units which deal primarily with child sexual abuse:

1) Child Abuse Unit - investigates cases of alleged incest, or intra-familial abuse and assault.
2) Sex Crimes Unit - investigates cases of child sexual abuse from outside the family.

Outside Edmonton, local R.C.M.P. detachments handle cases. They seldom have specialized staff for this area.

g) Family Court

Family Court is primarily concerned with the situation and welfare of the child victim. Based on information from social workers, parents and others (psychologists, etc.), the judges make decisions concerning the child welfare status of the victim.

h) Criminal Court

This court is concerned with the administration of criminal justice. If a charge is laid by the police the case goes to this court. Criminal courts rule on the guilt of the alleged offender and pass sentence.

D. ISSUES AND RECOMMENDATIONS

1. Philosophy.

Treatment in child sexual abuse has evolved rapidly in recent years. The traditional approach (when there is any approach at all) is most often punitive. It can lead to situations in which the father (if the perpetrator) is jailed if found guilty, the victim and siblings are apprehended, and the mother is left on her own with little or no support. The family can be destroyed, and all parties suffer because of the intervention. More constructive approaches have emerged in the past decade, through which it is hoped all parties can benefit, and the family be preserved whenever appropriate.

At this time the Region has no formal statements of philosophy or policy on child sexual abuse, and its approach is not certain. This uncertainty and the related problems are discussed at length in the Audit Report.

> "From both verbal reports, and through examining cases, it was noted that the role of Child Welfare is interpreted differently from one office to another, and from one worker to another. There appears to be a need to more clearly define the role (of Child Welfare), ensuring that the policies and procedures are consistent with the definition, and that there is a uniform understanding and application of the role".

The survey of district office social workers suggests that a consistent approach is informally developing among many of them. When asked "What should be the goal of treatment for child sexual abuse cases?", eight of fourteen respondents felt that the family

should be reunited through reconstructive therapy, if appropriate. Further, there was majority consensus on the specific treatment goals for the victim, perpetrator, and mother. The views of these social workers, as well as the stated goals of the treatment agencies, fit the evidence of research and successful treatment programs for abuse within families. Generically, this may be called the "family systems approach". It views most abusive families as dysfunctional systems, and works to rebuild the family on a healthy, non-exploitative basis. (Extra-familial abuse usually has different characteristics, and requires different approaches.)

The Edmonton Region needs to establish the philosophy it will follow in cases of child sexual abuse. This philosophy will shape administrative policies and structures and will make clear to its staff and the community where the Region stands.

RECOMMENDATION #1: THAT THE EDMONTON REGION FORMALLY DEVELOP A PHILOSOPHY STATEMENT ON ITS APPROACH AND ROLE IN CHILD SEXUAL ABUSE CASES, AND THAT IT ENDORSE THE FAMILY SYSTEMS APPROACH FOR CASES OF ABUSE WITHIN THE FAMILY.

2. Coordination and Case Management.

Child sexual abuse is a multi-disciplinary problem. District office social workers are likely to work with police, physicians, psychologists, child welfare consultants, lawyers, teachers, judges and social workers from other agencies. This difficult process can be made impossible if there is not agreement on basic

issues and cooperation on the same plans. There can be a fundamental difference, for example, between the criminal court system which wants to enforce the law, and social service agencies which want to minimize the effects on the child and reconstruct the family.

The strongest finding of this study is that the management of child sexual abuse cases is breaking down because of poor coordination of services at all levels. In the survey of social workers, seven of fourteen respondents rated the overall coordination of services as very poor, and three more rated it as poor. Seven key organizations are identified by five or more social workers as being "particularly difficult to coordinate with". Questions on referral patterns and treatment services reveal inconsistencies in the approach of social workers and a nearly complete failure to carry case management through to family therapy, which should be a common achievement in a coordinated system. When asked to identify problems in the present system poor coordination was the most frequent response by social workers.

Respondents to the survey of "key participants" had similar feelings. Five of eight respondents rated the overall coordination of services as very poor or poor, and the most frequent comments about weaknesses in the system were related to coordination and communication. The survey of the four major treatment agencies revealed that coordination and cooperation was

weak, and that it was unlikely to improve under the present arrangements.

The audit team as well consistently found notable problems with cooperation among the treatment agencies.

> "There appears to be a lack of inter-agency cooperation. This could stem partly from the fact that the treatment system evolved as an interaction between three separate agencies viewing a community need from three different vantage points. A second possibility is that since the agencies do not have mutually exclusive program boundaries, they are inevitably in competition with each other for both Departmental funding and clients.
>
> While some agencies cooperate better with others, there is a general reluctance to refer to the other agencies. The impression gathered was that each agency sees itself as being the best at anything it does, and resists the idea that the other agency may be better able to offer a given type of treatment. Since the treatment programs are not sufficiently specific to be clearly mutually exclusive, this situation leads to suspicion and lack of trust which might otherwise not have resulted."

The first level at which a case is likely to have problems is the district office, where social workers operate without any established protocol for child sexual abuse. This contributes to inconsistencies and difficulties in case management at all levels. The audit team found the lack of protocol for regional workers seriously affected the treatment process.

> "It is obvious that the Department's involvement with child sexual abuse has dramatically increased in the recent past due to greater public awareness and increased reporting. This trend may continue with the result that more workers will be involved in handling such cases. In view of the apparent lack of uniformity in how cases are presently handled, there appears to be a need to create a protocol for handling sexual abuse cases. This could be widely distributed so that treatment agencies, as well as others who may be involved in initial disclosure would have a clear

guideline of the necessary procedures including medical and legal steps in handling the case. This would also be helpful since cases are referred to treatment agencies directly. Such a protocol would help the treatment staff identify the steps necessary to ensure Child Welfare involvement."

The need to develop a protocol is of "particular and immediate importance". The protocol should incorporate the roles, policies, and procedures of Child Welfare and other centrally involved organizations. Policy guidelines that might serve as a draft protocol have been developed by the child welfare consultants.

RECOMMENDATION #2: THAT THE EDMONTON REGION DEVELOP A PROTOCOL FOR USE BY ITS STAFF DEALING WITH CASES OF CHILD SEXUAL ABUSE.

For social workers an important complement to a written protocol is direct access to expertise on child sexual abuse. The multi-disciplinary nature of the abuse requires that a variety of people be involved. They can provide consultation, help develop treatment plans, provide access to and coordination with resources, and ensure appropriate intervention.

Several respondents to the survey of key participants mentioned the "Central Edmonton Child Abuse and Neglect Team" as a useful model. This team has been working out of the Hys Centre District Office since October 1983. Its global function is "to use a multi-disciplinary approach to facilitate the provision of services to children and families who require child protection services, by helping child protection workers identify, locate

and use resources in the community."

RECOMMENDATION #3: THAT MULTI-DISCIPLINARY TEAMS BE ESTABLISHED IN SELECTED DISTRICT OFFICES THROUGHOUT THE EDMONTON REGION TO PROVIDE EXPERTISE AND ASSISTANCE TO STAFF HANDLING CHILD SEXUAL ABUSE CASES, AND THAT THE CHILD ABUSE AND NEGLECT TEAM OPERATING AT THE HYS CENTRE DISTRICT OFFICE BE CONSIDERED AS THE MODEL.

Beyond the district offices, the case management of child sexual abuse is breaking down when other organizations become involved. The only formal attempt at inter-agency coordination is the Joint Treatment Program set up by the Sexual Assault Centre, Group-5, and F.A.C.S. It has no power or official mandate, and all the evidence from the surveys and the audit shows that it is ineffective. Informal coordination between the City Police Child Abuse Unit and the Region is satisfactory, but five or more of the fourteen social workers interviewed found the following groups "particularly difficult to coordinate with": crown prosecutors; Group 5; the R.C.M.P.; physicians; judges; the Sexual Assault Centre; and F.A.C.S. Problems with any of these could prevent a case from having a successful outcome. The impediments to coordination are varied. F.A.C.S. is well regarded, but is badly backlogged and is slow to get perpetrators into treatment. Other groups may be operating from incompatible perspectives or simply be uninformed.

It is essential that inter-agency coordination be improved markedly if the Region is to see more success with child sexual

abuse cases. As a dominant force in the field, the Region should take the lead in establishing an inter-agency committee, including representatives of the City Police, R.C.M.P., treatment agencies, hospitals, schools, and district offices. The committee would be charged with developing inter-agency protocols and improving coordination.

RECOMMENDATION #4: THAT THE REGION ESTABLISH AN INTER-AGENCY CHILD SEXUAL ABUSE COMMITTEE FOR GREATER EDMONTON TO DEVELOP LIAISON PROTOCOLS AND IMPROVE COORDINATION AMONG AGENCIES.

A contributing factor to problems of inter-agency coordination is problems of inter-departmental coordination. In addition to Social Services and Community Health, the Solicitor General is involved through police forces and correctional services, the Attorney General through the court systems, and Hospitals and Medical Care through hospitals and treatment programs such as F.A.C.S. (which is under Alberta Hospital Edmonton). Mandates overlap and can conflict. For example, some crown prosecutors and criminal court judges may have a punitive approach, while hospital and community treatment programs may want a therapeutic approach. Also funding shortages at F.A.C.S.and delays at the court system commonly make it difficult to coordinate with other services.

The Department of Education does not seem to be presently working in the area of child sexual abuse. There is evidence that educating children on this matter can be effective in preventing

children from becoming victims, so the Department of Education could be an important contributor to the long-term approach to this problem.

Here again the Region should take the lead in encouraging ASSCH to establish an inter-departmental task force to address organizational problems at the senior level affecting cases of child sexual abuse.

RECOMMENDATION #5: THAT THE REGION REQUEST THE MINISTER OF SOCIAL SERVICES AND COMMUNITY HEALTH TO FORM AN INTER-DEPARTMENTAL TASK FORCE TO COORDINATE THE MANDATES AND ACTIVITIES OF THE DEPARTMENTS INVOLVED IN CHILD SEXUAL ABUSE CASES, INCLUDING THE SOLICITOR GENERAL, THE ATTORNEY GENERAL, HOSPITALS AND MEDICAL CARE, AND PERHAPS EDUCATION.

At present there is no mechanism in the Region to create and implement philosophy and protocol and to coordinate the Region's efforts on child sexual abuse. The need for such a mechanism is revealed by the problems examined above, and was addressed in various ways by many of the respondents, especially those in the community. One way to handle this is through a position dedicated to the area of child sexual abuse, perhaps attached to the Child Welfare Consultation Unit or to the Community Resources Management Team. This position would be responsible for leading policy and standards development, coordinating services, acting as a clearinghouse for the Region, facilitating education, and chairing the inter-agency committee described earlier.

RECOMMENDATION #6: THAT THE REGION DESIGNATE A POSITION RESPONSIBLE FOR COORDINATING THE REGION'S EFFORTS ON CHILD SEXUAL ABUSE, DEVELOPING PHILOSOPHIES, POLICIES, AND PROTOCOLS, CHAIRING THE PROPOSED INTER-AGENCY CHILD SEXUAL ABUSE COMMITTEE, AND PROVIDING OTHER SERVICES AS NECESSARY.

3. Staff Training

The need for staff training on child sexual abuse is clear. The survey of district office social workers was done with workers selected for their relative awareness of the topic. For the most part the responses reflected this. Nonetheless, there clearly were gaps in the knowledge of these workers: throughout the survey the number of "don't know" responses was substantial, and sometimes the same question would draw scattered or contradictory responses. This raises doubts about the level of knowledge of sexual abuse among district office social workers in general, who are likely less aware than those selected for the survey.

The survey of key community participants reinforces this point. In seven of seventeen interviews (one of the strongest response patterns in this survey) it was stated that the social workers were not adequately informed and lacked skills in this area. However, it should be noted that the survey of the four treatment agencies indicated satisfaction with the knowledge of social workers on child sexual abuse.

Staff training will improve the Region's detection, intervention, and case management. The training would be helpful to any staff who may be working with sexually abused children, including child

welfare and residential resources staff. Some training has been provided on an occassional basis, however it is clear that training must be continuous in order to keep staff informed of current developments in the area.

RECOMMENDATION #7: THAT THE REGION PROVIDE ONGOING INSERVICE TRAINING ON CHILD SEXUAL ABUSE TO ALL CHILD WELFARE STAFF, AND TO RESIDENTIAL RESOURCES AND OTHER STAFF AS NECESSARY.

4. Placement Resources

The actual number of child sexual abuse victims apprehended by Child Welfare cannot be determined. While 52 children were apprehended in 1983 with this as their initial assessment, a far greater number are apprehended for other initial reasons and then later found to be sexual abuse victims. Estimates from within the Region suggests that a sizeable proportion of apprehended children have been sexually abused. It must be noted that in many cases the abuse is only one of many problems for the child.

Sexually abused children can be difficult placements because of their sometimes unusual behavior. For example, young children may have been eroticized by the abuse and may masturbate excessively and behave inappropriately. Other children may be submissive and withdrawn or be promiscuous. Female victims may relate to males such as foster fathers or insititutional staff seductively, because this is the behavior they have learned.

Problems related to these difficult placements could be reduced

by improving existing placement resources for sexually abused children. This could involve providing training and support for institutional staff and selected foster parents, but should not be done in a way that defines residents of certain facilities as sexual abuse victims.

RECOMMENDATION #8: THAT THE REGION IMPROVE PLACEMENT RESOURCES FOR SEXUALLY ABUSED CHILDREN, INCLUDING PROVIDING TRAINING TO INSTITUTIONAL STAFF AND SELECTED FOSTER PARENTS.

5. Research and Evaluation

There has been very little research done in Canada on child sexual abuse; most information sources are in the United States. The Region would be greatly assisted in its approach to this problem with better local information. Questions such as these should be answered: How many children under Child Welfare are victims of child sexual abuse? How badly have they been abused? What kind of services do they need? How effective are the Region's services?

An example of a recent research idea for the Region is to establish specialized foster homes for sexual abuse victims and then examine their effectiveness. Research like this would be of real benefit to the Region, and could advance the Region and Alberta to the forefront of services for child sexual abuse.

RECOMMENDATION #9: THAT THE REGION ENDORSE AND FACILITATE RESEARCH INTO ISSUES AND PROBLEMS RELATED TO CHILD SEXUAL ABUSE.

6. Funding of Community Agencies

A number of concerns around treatment provided by the presently funded agencies were raised by district office social workers, the audit team, referring agents in the community and by the agencies themselves.

a) Group 5

Of the 14 social workers surveyed 11 stated they were somewhat unsatisifed or very unsatisfied with the service provided. The reasons most often stated involved the lack of frequency and poor quality of reports, and the inadequate notice given for case conferences. Six social workers felt that the qualifications of staff were questionable. The lac=k of trained staff at Group 5 was sighted by four of the Key Participants.

The audit team found the lack of clear mandate to be the most prevalent concern with Group 5.

> "It is currently unclear whether the agency is a supportive counselling agency for runaway youth, or whether it is an intensive therapeutic program for sexually abused youth.....this lack of clarity makes it difficult for the agency to plan and execute its programs effectively."

Other comments reflected on the lack of concrete treatment plans, lack of screening at intake, the infrequency of family therapy, and problems with case coordination.

b) Child Development Centre

Of the 14 district office respondents, 11 were somewhat satisfied or very satisfied with services provided by the Child Development Centre. Reports were rated to be frequent enough (11 respondents) and of gooddd to very good quality (12 respondents). The concern that Child Development Centre works primarily with the child only, was noted by 5 district office workers and is commented upon by the audit team.

> "In some cases reviewed, the auditors found that the cases were well managed from an individual perspective, but lacked a more comprehensive view. At times, the needs of other children in the family were not addressed, as the therapist did not feel they were client of the agency. Since no other treatment agency was involved, these needs remained unattended."

In effect Child Development Centre does not profess to provide reconstructive therapy but deals with cases of intrafamilial sexual abuse out of perceived need.

> "It appears that this program was developed with a sense of reluctance and caution. The caution arose from the Centre's recognition of the fact that this treatment requires advanced knowledge and expertise in an area in which the state of the art is not highly advanced. However, faced with increasing demands from the field, coupled with its feeling of responsibility towards referring agents, the Centre reluctantly began to develop a program. At present, it appears that one reason for continuing its service is the perception of a lack of viable comprehensive treatment alternative."

Child Development Centre has little contact with other funded agencies providing services to sexually abused children.

c) Child Sexual Abuse Treatment Program - Sexual Assault Centre of Edmonton

The district office workers were somewhat satisfied (7 respondents) to very satisfied (3 respondents) with the service provided at S.A.C. Negative comments were made on the infrequency of reports (7 respondents), the inadequate notice for case conferences (5 respondents), and the long waiting lists (11 respondents). Four key participants were concerned that the agency's "feminist" approach could hinder therapy towards reconstruction of the family.

The audit team expressed a concern around the insularity of this agency.

> "There is a reluctance to refer outside the agency to other services. Perhaps due to therapist's concern for providing quality service to clients, as well as the agency's reliance on individual therapists and the tendency to continually expand programs to meet client needs, there is a tendency to feel that the agency is the best source of all services. At times, this may be in response to difficulty accessing other services due to waiting lists; however, as the tendency to try to meet the need gains momentum, there is less of a tendency to try to get needs met elsewhere. This process adds further strain to the lack of resources within the agency and contributes to an expansion of programming, as well as duplication of services".

The audit team concluded that the mandate of the present program "is too broad to be practically implemented" and that for this reason clear goals are lacking and that "program planning is reactive rather than proactive".

d) Family Treatment

The most prevalent concern around the funded agencies is the coordination of services for all family members. The most widely accepted treatment model lays heavy stress on the importance of incremental counselling which deals successively with appropriate individuals, dyads, and family groups. For a variety of reasons, which do not necessarily reflect blame on the agencies but are indicative of the lack of planning from which treatment for child sexual abuse has developed, this consistent and coordinated approach to treatment does not presently exist.

Family treatment is splintered among 3 groups (S.A.C., Group 5 and F.A.C.S.) who reflect different philosophies and whose waiting lists are not congruent. Thus a victim may be receiving treatment from one group while the mother is receiving treatment from a second group (whose philosophical approach differs). The perpetrator may be on a waiting list for treatment from still another group. When one member is ready for dyadic or family group therapy, the other members may not be at the appropriate stage. The agencies have attempted to coordinate family treatment by setting up a "Joint Treatment Program" but this has not been successful. The surveys revealed that the majority of key participants and social workers were uninformed about or could not comment on this program (7 social workers, 13 key participants). The audit team had similar observations.

"The audit results clearly point to a lack of effective family treatment. There appear to be insurmountable difficulties in an interagency joint treatment program providing effective family treatment. Therefore consideration should be given to the development of a comprehensive, reconstructive family treatment program."

It should be noted that the concerns about coordination deal primarily with intra-familial sexual abuse cases.

It is apparent that effective treatment is dependent on the coordination of services for all family members and that within the present system of services this coordination is difficult to achieve. Therefore the Edmonton Region should restructure the system of services to ensure that the coordination of treatment is improved.

RECOMMENDATION #10:

10.1 THAT, DEPENDENT UPON THE IMPLEMENTATION OF RECOMMENDATIONS 1, 2, 4, AND 6 PRESENT FUNDING WITH AGENCIES PRIMARILY PROVIDING TREATMENT FOR INTRA-FAMILIAL CHILD SEXUAL ABUSE TERMINATE AT THE END OF THE PRESENT FISCAL YEAR.

10.2 THAT PROPOSALS (TENDERS) BE REQUESTED FOR FUNDING TO PROVIDE INTRA-FAMILIAL CHILD SEXUAL ABUSE TREATMENT IN 1985/86, AND THAT FUNDING BE ADMINISTERED THROUGH A CONTRACT.

10.3 THAT FUNDING FOR INTRA-FAMILIAL CHILD SEXUAL ABUSE TREATMENT BE CONTINGENT UPON THE RECIPIENT'S ABILITY TO PROVIDE A COORDINATED FAMILY SYSTEM APPROACH TO TREATMENT.

E. CONCLUSION

The findings of this study are cause for concern. Child sexual abuse is a serious and widespread problem with direct impact on child welfare delivery in the Edmonton Region. Services to treat this abuse have developed as circumstances have dictated. While this study has found that these are not as effective as they should be, this must be kept in perspective. In many areas of the country the issue of intra-familial child sexual abuse is still not being acknowledged and funds for these services are minimal. The Edmonton Region is approaching the issue in a constructive manner and has the opportunity to move into the forefront of child sexual abuse treatment in Canada.

F. SUMMARY OF RECOMMENDATIONS

RECOMMENDATION #1: THAT THE EDMONTON REGION FORMALLY DEVELOP A PHILOSOPHY STATEMENT ON ITS APPROACH AND ROLE IN CHILD SEXUAL ABUSE CASES, AND THAT IT ENDORSE THE FAMILY SYSTEMS APPROACH FOR CASES OF ABUSE WITHIN THE FAMILY.

RECOMMENDATION #2: THAT THE EDMONTON REGION DEVELOP A PROTOCOL FOR USE BY ITS STAFF DEALING WITH CASES OF CHILD SEXUAL ABUSE.

RECOMMENDATION #3: THAT MULTI-DISCIPLINARY TEAMS BE ESTABLISHED IN SELECTED DISTRICT OFFICES THROUGHOUT THE EDMONTON REGION TO PROVIDE EXPERTISE AND ASSISTANCE TO STAFF HANDLING CHILD SEXUAL ABUSE CASES, AND THAT THE CHILD ABUSE AND NEGLECT TEAM OPERATING AT THE HYS CENTRE DISTRICT OFFICE BE CONSIDERED AS THE MODEL.

RECOMMENDATION #4: THAT THE REGION ESTABLISH AN INTER-AGENCY CHILD SEXUAL ABUSE COMMITTEE FOR GREATER EDMONTON TO DEVELOP LIAISON PROTOCOLS AND IMPROVE COORDINATION AMONG AGENCIES.

RECOMMENDATION #5: THAT THE REGION REQUEST THE MINISTER OF SOCIAL SERVICES AND COMMUNITY HEALTH TO FORM AN INTER-DEPARTMENTAL TASK FORCE TO COORDINATE THE MANDATES AND ACTIVITIES OF THE DEPARTMENTS INVOLVED IN CHILD SEXUAL ABUSE CASES, INCLUDING THE SOLICITOR GENERAL, THE ATTORNEY GENERAL, HOSPITALS AND MEDICAL CARE, AND PERHAPS EDUCATION.

RECOMMENDATION #6: THAT THE REGION DESIGNATE A POSITION RESPONSIBLE FOR COORDINATING THE REGION'S EFFORTS ON CHILD SEXUAL ABUSE, DEVELOPING PHILOSOPHIES, POLICIES, AND PROTOCOLS, CHAIRING THE PROPOSED INTER-AGENCY CHILD SEXUAL ABUSE COMMITTEE, AND PROVIDING OTHER SERVICES AS NECESSARY.

RECOMMENDATION #7: THAT THE REGION PROVIDE ONGOING INSERVICE TRAINING ON CHILD SEXUAL ABUSE TO ALL CHILD WELFARE STAFF, AND TO RESIDENTIAL RESOURCES AND OTHER STAFF AS NECESSARY.

RECOMMENDATION #8: THAT THE REGION IMPROVE PLACEMENT RESOURCES FOR SEXUALLY ABUSED CHILDREN, INCLUDING PROVIDING TRAINING TO INSTITUTIONAL STAFF AND SELECTED FOSTER PARENTS.

RECOMMENDATION #9: THAT THE REGION ENDORSE AND FACILITATE RESEARCH INTO ISSUES AND PROBLEMS RELATED TO CHILD SEXUAL ABUSE.

RECOMMENDATION #10:

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10.3 THAT FUNDING FOR INTRA-FAMILIAL CHILD SEXUAL ABUSE TREATMENT BE CONTINGENT UPON THE RECIPIENT'S ABILITY TO PROVIDE A COORDINATED FAMILY SYSTEM APPROACH TO TREATMENT.

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